
**Certification Forms/
Minimum
Requirements**

The minimum requirements for the WIC Certification Form, as established by 246.7 (i) are:

1. Name and address of applicant
2. Date of initial visit to apply for benefits
3. An indication of whether the applicant was physically present at certification and if not, the reason why an exception was granted
4. Information regarding income eligibility
5. A description of the document(s) used to determine residency
6. A description of the document(s) used to determine identity
7. A description of the document(s) used to determine income eligibility OR that the applicant has no income
8. Date of certification and medical data
9. Height/length, weight, and hematological test results. Pregnant women may be temporarily certified in the absence of bloodwork under special circumstances. See Vol.II, Section B, page 5 for more information. Pregnant women may be certified as presumptive eligible. See Vol. II, Sections B, and D for more information.
10. Nutritional risks which established eligibility
11. Signature and title of the Competent Professional Authority making the nutrition risk determination and if different, the signature and title of the person responsible for determining income eligibility
12. The following statement, with a space for the applicant or responsible party to sign after reading or having read to them the following statement.

I have been advised and received a copy of my rights and responsibilities under the Program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge.

**Certification Forms/
Minimum
Requirements (cont.)**

This application is being made in connection with the receipt of Federal assistance. Program officials may verify information I provide to them.

13. The statement - I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.
14. A statement regarding release of information if the State Health Officer has authorized disclosure of information to specific public organizations.

**WIC Certification
Forms**

The Nebraska WIC Program uses two forms to meet the above requirements. The forms are:

WIC Certification Data Form -- this form is printed directly from the computer system and contains all of the demographic, medical, and assessment information for the WIC client.

WIC Certification Signature Form – this form contains the client rights and responsibilities, fair hearing information, dual participation statement, voter registration, client or guardian signature, income, residency and identification documentation, applicant presence in clinic, staff signatures, and documentation of notice of expiration of benefits and program ineligibility.

These forms also serve as data collection instruments, in the event of computer system failure, for the following:

1. The National WIC Minimum Data Set as established by USDA
2. Pregnancy Nutrition Surveillance System
3. Pediatric Nutrition Surveillance System
4. Client food prescription and subsequent generation of WIC checks
5. Information used in program management and evaluation

**When to Print
Certification Data
Form**

Certification Data Forms must be printed at the initial visit and each certification visit thereafter.

Using the Signature Form

The Certification Signature Form must be read and signed by each client/guardian at each certification before the process begins. Below are the steps to follow when completing the Certification Signature Form.

Step	Action																																																												
1	Have client read the Rights & Responsibilities as you verbally review them.																																																												
2	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">RELATIONSHIP TO APPLICANT (Check One)</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">SIGNATURE</th> <th>Self</th> <th>Guardian/ Custodial Parent</th> <th>Foster Parent</th> <th>Enrollment Proxy</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td><u>Sandra Hansen</u></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>3/25/10</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table> </div> <p>The applicant/responsible party should sign and date the area located at the bottom of the first page after reading the Rights & Responsibilities. They should check his/her relationship to the applicant.</p>	SIGNATURE	Self	Guardian/ Custodial Parent	Foster Parent	Enrollment Proxy	Date	<u>Sandra Hansen</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/25/10	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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3	<p>The Second Responsible Party box is used to indicate more than one responsible party (i.e. the second parent) for the client. This name would also be placed on page 4 of the computer screen as the second responsible party, refer to the page 7 later in this section of the manual for more information about 2nd responsible parties, including who may be a responsible party.</p> <div style="border: 1px solid black; padding: 10px;"> <p>SECOND RESPONSIBLE PARTY – For Infants & Children</p> <p>_____ <u>Manuel Pedraza</u> is also the parent and/or guardian of _____ <u>Angela</u> and has the same responsibilities as myself at the WIC clinic and store.</p> <p style="text-align: right;"><input type="checkbox"/> Declined</p> </div>																																																												

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3 (cont)	<p>If the parent does not wish to designate a 2nd Responsible Party the declined box should be marked.</p> <div><div>SECOND RESPONSIBLE PARTY – For Infants & Children</div><div><div><div>_____ is also the parent and/or guardian of _____ and has the same responsibilities as myself at the WIC clinic and store.</div><div><input checked="" type="checkbox"/> Declined</div></div></div></div>									
4	<p>Have client read and then initial and date the dual participation statement. If they are unable to read the statement, staff should read it to them.</p> <div><div>DUAL PARTICIPATION</div><div><p>By initialing below I agree that the person who is being certified for WIC today is not currently receiving and will not receive for the same time period:</p><ul style="list-style-type: none">WIC benefits from another WIC clinic ORbenefits from Commodity Supplemental Food Program (CSFP).<p>My initials indicate that I understand that this is considered fraud.</p><table><tr><td>Initials: <i>JS</i> Date: <i>9/08/09</i></td><td>Initials: Date: </td><td>Initials: Date: </td></tr><tr><td>Initials: Date: </td><td>Initials: Date: </td><td>Initials: Date: </td></tr><tr><td>Initials: Date: </td><td>Initials: Date: </td><td>Initials: Date: </td></tr></table></div></div>	Initials: <i>JS</i> Date: <i>9/08/09</i>	Initials: Date:	Initials: Date:	Initials: Date:	Initials: Date:	Initials: Date:	Initials: Date:	Initials: Date:	Initials: Date:
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5	<p>Complete voter registration box according to guidelines found in Section B, page 6a of this manual.</p> <div><div>VOTER REGISTRATION</div><div><p>If you are not registered to vote where you live now, would you like to apply to register to vote here today? If you are already registered to vote at your current address check "NO".</p><table><tr><td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE: <i>9/08/09</i></td><td><input type="checkbox"/> YES <input type="checkbox"/> NO DATE: </td><td><input type="checkbox"/> YES <input type="checkbox"/> NO DATE: </td></tr><tr><td><input type="checkbox"/> YES <input type="checkbox"/> NO DATE: </td><td><input type="checkbox"/> YES <input type="checkbox"/> NO DATE: </td><td><input type="checkbox"/> YES <input type="checkbox"/> NO DATE: </td></tr><tr><td><input type="checkbox"/> YES <input type="checkbox"/> NO DATE: </td><td><input type="checkbox"/> YES <input type="checkbox"/> NO DATE: </td><td><input type="checkbox"/> YES <input type="checkbox"/> NO DATE: </td></tr></table><p>Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by WIC.</p><p>If you believe that someone has interfered with your right to register, or to decline to register to vote, you may file a complaint with the Nebraska Secretary of State, State Capital Building, Lincoln, Nebraska, 68509, (402) 471-2554.</p></div></div>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE: <i>9/08/09</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE:
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6	<p>Complete the Client Name and ID Number areas at the top of pages 2, 3 or 4. The name & ID number only needs to be written on the form in one location.</p> <p>Client Name:_____ ID:_____ Family ID:_____</p>																																																																																																																																																	
7	<p>The documentation area should be completed by WIC staff for each certification visit. Information to assist staff in completing this area follows as steps 8 through 13.</p> <div style="border: 1px solid black; padding: 10px;"> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> New Cert <input type="checkbox"/> ReCertification <input type="checkbox"/> ReEnroll <input type="checkbox"/> InState Transfer <input type="checkbox"/> Out of State Transfer <input type="checkbox"/> Presumptive <input type="checkbox"/> Custody Change </div> <div>Date Cert Expires:_____</div> </div> <p>Date of Certification: _____ Client Present: <input type="checkbox"/> YES <input type="checkbox"/> NO, Reason: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="10">IDENTIFICATION</th> <th colspan="6">RESIDENCY</th> </tr> <tr> <th>Proof Seen</th> <th>DL</th> <th>NE WIC Fldr</th> <th>SS Card</th> <th>State/ Frgn ID</th> <th>Work/ School ID</th> <th>BC</th> <th>Purple WIC Card</th> <th>Hosp BC</th> <th>Other (list)</th> <th>Proof Seen</th> <th>MC</th> <th>Mail</th> <th>Ck Stub</th> <th>Lease</th> <th>Other List</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Minor</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; 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8	<p>a. Check type of visit the client is being seen for today.</p> <p>b. For Transfers; the date their certification ends is placed here.</p> <p>c. For custody changes begin a new form and check this box.</p> <div style="border: 1px solid black; padding: 10px;"> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> New Cert a <input type="checkbox"/> ReCertification <input type="checkbox"/> ReEnroll <input type="checkbox"/> InState Transfer <input type="checkbox"/> Out of State Transfer <input type="checkbox"/> Presumptive c <input type="checkbox"/> Custody Change </div> <div>Date Cert Expires:_____ b _____</div> </div> </div>																																																																																																																																																	

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9	<p>The date of the certification should be placed here.</p> <p>Date of Certification: _____</p>																																								
10	<p>Document if the applicant was present in the clinic at the certification by checking yes or no. If the applicant was not present in clinic during the visit staff should document the reason why.</p> <p>Client Present: <input type="checkbox"/> YES <input type="checkbox"/> NO, Reason: _____</p>																																								
11	<p>The type of identification seen for clients and guardians (for minors) should be documented by checking the type of ID seen in the Identification box.</p> <p>If the ID seen is not represented by a box, list what type of proof was seen in the “other” box.</p> <p>Refer to the page 5 in this section of the manual for acceptable identification.</p> <table border="1" data-bbox="418 888 1360 1115"> <thead> <tr> <th colspan="10">IDENTIFICATION</th></tr> <tr> <th>Proof Seen</th><th>DL</th><th>NE WIC Fldr</th><th>SS Card</th><th>State/ Frgn ID</th><th>Work/ School ID</th><th>BC</th><th>Purple WIC Card</th><th>Hosp BC</th><th>Other (list)</th></tr> </thead> <tbody> <tr> <td>Adult</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr> <td>Minor</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>I94 Card</td></tr> </tbody> </table> <p>Listed below are the abbreviations used in the Identification box and what each represents:</p> <ul style="list-style-type: none"> ➤ DL: Drivers License ➤ NE WIC Folder: Nebraska WIC ID Folder ➤ SS Card: Social Security Card ➤ State/Frgn ID: Any type of State or Foreign Identification Card ➤ BC: Birth Certificate (certified) ➤ Purple WIC Card: Card sent with mom for hospital or physician’s office to complete ➤ Hosp BC: Hospital certificate of birth 	IDENTIFICATION										Proof Seen	DL	NE WIC Fldr	SS Card	State/ Frgn ID	Work/ School ID	BC	Purple WIC Card	Hosp BC	Other (list)	Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I94 Card
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Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I94 Card																																

Step	Action																												
12	<p>The proof seen for residency should be documented by checking the appropriate box.</p> <p>If the proof seen is not represented by a check box, list what was seen in the “other” box.</p> <table><tr><th colspan="6">RESIDENCY</th></tr><tr><th>Proof Seen</th><th>MC</th><th>Mail</th><th>Ck Stub</th><th>Lease</th><th>Other List</th></tr><tr><td></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>utility bill</td></tr></table>	RESIDENCY						Proof Seen	MC	Mail	Ck Stub	Lease	Other List		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	utility bill										
RESIDENCY																													
Proof Seen	MC	Mail	Ck Stub	Lease	Other List																								
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	utility bill																								
13	<p>The proof shown for income should be checked.</p> <p>If the proof seen is not represented by a check box, list what was seen in the “other” box.</p> <table><tr><th colspan="7">INCOME</th></tr><tr><th>Proof Seen</th><th>MC</th><th>Pay Stub</th><th>SS/ SSI</th><th>Tax Form</th><th>Child Supp</th><th>Other (list)</th></tr><tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Bank Statement</td></tr><tr><td colspan="7"><input type="checkbox"/> Zero: Reason why</td></tr></table> <p>Listed below are the abbreviations used in the Income box and what each represents:</p> <ul style="list-style-type: none">➤ MC: Medicaid➤ Pay Stub: Paystub from employment➤ SS/SSI: Social Security or Supplemental Security Income➤ Tax Form: Most recent 1040 or other tax form showing income➤ Child Support: Documentation showing child support actually received	INCOME							Proof Seen	MC	Pay Stub	SS/ SSI	Tax Form	Child Supp	Other (list)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bank Statement	<input type="checkbox"/> Zero: Reason why						
INCOME																													
Proof Seen	MC	Pay Stub	SS/ SSI	Tax Form	Child Supp	Other (list)																							
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bank Statement																							
<input type="checkbox"/> Zero: Reason why																													
14	<p>When clients are seen who have no (Zero) or Negative income the zero box must be marked in the Income box. The reason why the person’s income is zero or negative must also be written in the Income box.</p> <table><tr><th colspan="7">INCOME</th></tr><tr><th>Proof Seen</th><th>MC</th><th>Pay Stub</th><th>SS/ SSI</th><th>Tax Form</th><th>Child Supp</th><th>Other (list)</th></tr><tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr><tr><td colspan="7"><input checked="" type="checkbox"/> Zero: Reason why Lost job/unemployed</td></tr></table> <p>For more information on what is appropriate documentation for proof of income, refer to the procedure in section D of this manual.</p>	INCOME							Proof Seen	MC	Pay Stub	SS/ SSI	Tax Form	Child Supp	Other (list)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> Zero: Reason why Lost job/unemployed						
INCOME																													
Proof Seen	MC	Pay Stub	SS/ SSI	Tax Form	Child Supp	Other (list)																							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
<input checked="" type="checkbox"/> Zero: Reason why Lost job/unemployed																													

15

When a extension is given to a client so that they may bring in proof of income, residency or identification the “30 Day Extension Given Box” must be completed. The type of proof missing should be checked and highlighted as shown below.

30 DAY EXTENSION GIVEN	
Minor ID	Adult ID
Residency	<input checked="" type="checkbox"/>
Income	<input checked="" type="checkbox"/>
Date Proof Seen:	

At the next visit (30 days or sooner), the date proof is seen would be marked in the “30 Day Extension Given” box and the type of proof seen would be marked in the corresponding box(es) as shown below.

30 DAY EXTENSION GIVEN	
Minor ID	Adult ID
Residency	
Income	
Date Proof Seen: <input checked="" type="checkbox"/>	

RESIDENCY					
Proof Seen	MC	Mail	Ck Stub	Lease	Other List
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INCOME						
Proof Seen	MC	Pay Stub	SSI/SSI	Tax Form	Child Supp	Other (list)
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Zero: Reason why						

16

When a client is unable to provide proof of either, residency, identification or income the “No Proof Box” must be completed. The corresponding box that indicates what proof (identification, residency or income), the client is unable to provide should be marked.

The reason why proof cannot be provided is written on the “Reason” line.

The client/responsible party must initial the line title “Client Initials”.

An example of a completed box is shown below:

NO PROOF		
<input type="checkbox"/> Res	<input type="checkbox"/> ID	<input checked="" type="checkbox"/> Income
Reason: <i>Paid in Cash</i>		
Client Initials		MB

All versions of the Signature form that do not have the “No Proof Box” should use the No Proof Form for documentation. The form should be completed according the procedure found in Section D, Page 9 of this volume of the Nebraska WIC Procedure manual.

17	<p>The signature(s) and title(s) of staff who participate in the certification of the client are placed here. Staff should check the box(es) to indicate the part(s) they completed for the certification visit. Staff who make more than one determination need to only sign one line and check the appropriate boxes indicating the actions they took.</p> <p>An example is shown below:</p> <table style="width: 100%; margin-top: 20px;"> <thead> <tr> <th style="text-align: left;">Staff Signature/Title</th> <th style="text-align: center;">Income Assessment</th> <th style="text-align: center;">ID/Residency Assessment</th> <th style="text-align: center;">Nutrition Risk Assessment</th> <th style="text-align: center;">Food Package Prescribing</th> <th style="text-align: center;">Check Issuance</th> </tr> </thead> <tbody> <tr> <td><u>Anna Sanchez</u></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td><u>Lori Johnson, RN</u></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><u>Marla Lewandowski, RD</u></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Staff Signature/Title	Income Assessment	ID/Residency Assessment	Nutrition Risk Assessment	Food Package Prescribing	Check Issuance	<u>Anna Sanchez</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Lori Johnson, RN</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Marla Lewandowski, RD</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Signature/Title	Income Assessment	ID/Residency Assessment	Nutrition Risk Assessment	Food Package Prescribing	Check Issuance																										
<u>Anna Sanchez</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																										
<u>Lori Johnson, RN</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
<u>Marla Lewandowski, RD</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																										
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
18	<p>Fill in the date and staff initials when clients are given notification their benefits are about to expire in the locations shown below.</p> <p>Notification That Benefits Are About to Expire Was Given On: <u>6/26/10</u> By: <u>SB</u></p>																														
19	<p>Fill in the date and staff initials when a client is found to be ineligible for the program and given an ineligibility letter documenting the reason for termination.</p> <p>List the termination code for this client.</p> <p>Ineligibility Documentation Given On: <u>7/30/10</u> Staff Initials: <u>SB</u> Termination Code/Reason: <u>D</u></p>																														

Certification Form Revisions	<p>The Certification Forms are designed and produced by the State WIC office in consultation with the Local Agencies.</p> <p>Revisions to the Certification Forms are made as necessary.</p>
Translated Form	<p>The Certification Signature Form is available in Spanish. The Spanish version of the form may be ordered from the State WIC Office using the WIC Materials Order Form.</p>
Retention of Forms	<p>The Certification Signature Form with the original signature of the applicant/responsible party is retained in the applicant's file as the official documentation of application and eligibility determination.</p> <p>The Certification Data Form is to be printed and retained in the applicant's file for each person applying for the program initially, and at each following certification visit.</p>
Completing Certification Information In The Computer System	<p>At the time of the certification visit, all applicable information on the computer screens is to be completed. Detailed descriptions for completing this may be found in the Participant Processing User's Guide.</p>
Sample of Forms	<p>A sample of the Certification Data Form, Certification Signature Form, and Spanish translation of the signature form follow as pages 2k – 2q.</p>

NEBRASKA WIC CERTIFICATION DATA FORM

Agency	Clinic	Client ID	Family ID	Action Date	Initial Visit	Transaction	WL	Term	Term Date

1st Auth. Rep. Last Name	First Name	Phone Number	Alternate Phone Number

Address, Street, RFD, PO Box	City	State	Zip Code

Client Last Name	Client First Name	MI	Client Maiden Name

ADJ Elg.	HH Size	Annual Income	Int	PU Day	Status	Foster Child	Other Programs	Date of Birth	Social Security Number	Sex	Lang

Race		R M H	SRC Care	H S	A L L W	LMP	Est. Due Date	I C	Birth Wt.	Infant Food Package		
H	Race									4 mo. pkg	6 mo. pkg	12 mo. pkg

Status	Date of Cert.	Medical Date	Age		Height	Weight	HGB	HCT	Nutrition Risk Factors	P R	H R
			Yr.	Mo.							

Food Pkg.

397-013

NUTRITION DATA

ALLW	Grade Compl	M S	Month Pren Care	A + D Risk	3 mo. Before Preg.		
					Cig/D	D/W	Dr/D

ALLW	LMP	Est Due Date	Wks Gest	Pre-Preg. Weight	# Prev. Preg.	# Prev. Live Births	Date Last Preg. Ended	At Initial Preg Visit				BF Prom (before PG)
								Cig/D	Chg	D/W	Dr/D	

BF PP	WIC During Preg	Not on WIC During Pregnancy			At Initial PP Visit				Weight Change	BF Support	BF How Long	Form Start	Why Stop BF
		Cig/D	D/W	Dr/D	Cig/D	Chg	D/W	Dr/D					

BF PP	Birth Information							
	Inf Seq.	Infant DOB	Birth Cond	Sex	PP Cond	DOD	Birth Weight	
	1	/ /				/ /	:	
	2	/ /				/ /	:	
	3	/ /				/ /	:	

IC	BF Now	BF Ever	BF How Long	Date of Last Breastfeeding Response	Birth Wt.
				/ /	

LA Use	LA ID	Referral		Optional Health Data					
		To	From	1st Check			2nd Check		
				Cig/D	D/W	Dr/D	Cig/D	D/W	Dr/D

Nutrition Education		Immunizations			
NE Code	Pres. Code	Antigen			Date
					/ /
					/ /
					/ /

NEBRASKA WIC CERTIFICATION SIGNATURE FORM

Rights & Responsibilities

I understand that:

- Everything I tell WIC must be the truth to the best of my knowledge and may be verified.
- If I am enrolling a child or infant, I must be their legal guardian, custodial parent, or foster parent.
- All information I give WIC is private. WIC staff will not give out this information without my signed release.
- I may only get checks from one WIC program at a time.
- I may not receive CSFP (Commodity Supplemental Food Program) while receiving WIC for the same person.
- The foods given by WIC are only for the WIC client.
- If I do not follow the WIC program rules, I may receive sanction points. If I accumulate too many sanction points I can be taken off WIC.
- Standards for eligibility for WIC are the same for everyone, regardless of race, color, national origin, age, disability or sex.
- If I feel I have been discriminated against I may file a complaint.
- If I disagree with a decision regarding my eligibility, I may request a fair hearing. I may do so by mail, verbally, or in writing to the WIC program. My request must be made within 60 calendar days of when the written denial or termination of benefits was mailed or given to me. A detailed copy of the Fair Hearing Procedures is available on request from the Local Program Director.
- If I am unable to keep my appointment, I should call the local agency number on my ID folder.
- I will report address and/or phone changes at my next scheduled appointment.
- Presumptive eligible pregnant women found to have no nutritional risk within the first 60 days of certification will no longer be eligible for the Program and will receive no additional benefits.
- I am encouraged to participate in the health assessment, referrals & nutrition education available to me through the program.
- If I do not follow the rules for using my WIC checks, or I sell or give away my WIC checks or foods I may be asked to repay the WIC Program the value of the WIC foods received.
- My signature on this form allows staff of the Food Stamp and Food Stamp Nutrition Education Program; Medicaid; Perinatal, Child and Adolescent Health Unit; Newborn Screening; CSFP; and Immunization programs to see the information for purposes of outreach, referral, and eligibility. They cannot share the information with a third party.
- That intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the state agency, in cash the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

I have been advised and received a copy of my rights and responsibilities under the WIC Program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This application is being made in connection with the receipt of Federal Assistance. Program officials may verify information I provide to them.

SIGNATURE	RELATIONSHIP TO APPLICANT (Check One)				Date
	Self	Guardian/ Custodial Parent	Foster Parent	Enrollment Proxy	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Client Name: _____ ID: _____ Family ID: _____

SECOND RESPONSIBLE PARTY – For Infants & Children

_____ is also the parent and/or guardian of _____ and has the same responsibilities as myself at the WIC clinic and store.

☐ Declined

DUAL PARTICIPATION

By initialing below I agree that the person who is being certified for WIC today is not currently receiving and will not receive for the same time period:

- WIC benefits from another WIC clinic OR
- benefits from Commodity Supplemental Food Program (CSFP).

My initials indicate that I understand that this is considered fraud.

Initials: _____ Date: _____

Initials: _____ Date: _____

Initials: _____ Date: _____

Initials: _____ Date: _____

Initials: _____ Date: _____

Initials: _____ Date: _____

Initials: _____ Date: _____

Initials: _____ Date: _____

Initials: _____ Date: _____

VOTER REGISTRATION

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

If you are already registered to vote at your current address check "NO".

☐ YES ☐ NO DATE: _____

☐ YES ☐ NO DATE: _____

☐ YES ☐ NO DATE: _____

☐ YES ☐ NO DATE: _____

☐ YES ☐ NO DATE: _____

☐ YES ☐ NO DATE: _____

☐ YES ☐ NO DATE: _____

☐ YES ☐ NO DATE: _____

☐ YES ☐ NO DATE: _____

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by WIC.

If you believe that someone has interfered with your right to register, or to decline to register to vote, you may file a complaint with the Nebraska Secretary of State, State Capital Building, Lincoln, Nebraska, 68509, (402) 471-2554.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Ave. SW, Washington, DC, 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

2/09

Client Name: _____ **ID:** _____ **Family ID:** _____

☐ New Cert ☐ ReCertification ☐ ReEnroll ☐ InState Transfer ☐ Out of State Transfer ☐ Presumptive ☐ Custody Change
Date Cert Expires: _____

Date of Certification: _____ Client Present: ☐ YES ☐ NO, Reason: _____

IDENTIFICATION									
Proof Seen	DL	NE WIC Fldr	SS Card	State/ Frgn ID	Work/ School ID	BC	Purple WIC Card	Hosp BC	Other (list)
Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RESIDENCY					
Proof Seen	MC	Mail	Ck Stub	Lease	Other List
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INCOME						
Proof Seen	MC	Pay Stub	SS/ SSI	Tax Form	Child Supp	Other (list)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

☐ Zero: Reason why _____

30 DAY EXTENSION GIVEN	
Minor ID	Adult ID
Residency	
Income	
Date Proof Seen:	

NO PROOF		
<input type="checkbox"/> Res	<input type="checkbox"/> ID	<input type="checkbox"/> Income
Reason: _____		
Client Initials		

Staff Signature/Title	Income Assessment	ID/Residency Assessment	Nutrition Risk Assessment	Food Package Prescribing	Check Issuance
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notification That Benefits Are About to Expire Was Given On: _____ By: _____

Ineligibility Documentation Given On: _____ Staff Initials: _____ Termination Code/Reason: _____

☐ New Cert ☐ ReCertification ☐ ReEnroll ☐ InState Transfer ☐ Out of State Transfer ☐ Presumptive ☐ Custody Change
Date Cert Expires: _____

Date of Certification: _____ Client Present: ☐ YES ☐ NO, Reason: _____

IDENTIFICATION									
Proof Seen	DL	NE WIC Fldr	SS Card	State/ Frgn ID	Work/ School ID	BC	Purple WIC Card	Hosp BC	Other (list)
Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RESIDENCY					
Proof Seen	MC	Mail	Ck Stub	Lease	Other List
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INCOME						
Proof Seen	MC	Pay Stub	SS/ SSI	Tax Form	Child Supp	Other (list)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

☐ Zero: Reason why _____

30 DAY EXTENSION GIVEN	
Minor ID	Adult ID
Residency	
Income	
Date Proof Seen:	

NO PROOF		
<input type="checkbox"/> Res	<input type="checkbox"/> ID	<input type="checkbox"/> Income
Reason: _____		
Client Initials		

Staff Signature/Title	Income Assessment	ID/Residency Assessment	Nutrition Risk Assessment	Food Package Prescribing	Check Issuance
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notification That Benefits Are About to Expire Was Given On: _____ By: _____

Ineligibility Documentation Given On: _____ Staff Initials: _____ Termination Code/Reason: _____

FORMULARIO DE FIRMA DE CERTIFICACIÓN DE WIC DE NEBRASKA

Derechos y Responsabilidades

Entiendo que:

- La información que doy a WIC tiene que ser la verdad a lo mejor de mi conocimiento y puede ser verificada.
- Si estoy inscribiendo a un niño o infante, tengo que ser el guardián legal, padre con custodia o padre tutelar.
- Toda la información que doy a WIC es privada. El personal de WIC no divulgará la misma sin mi autorización firmada.
- Sólo puedo recibir cheques de un programa de WIC a la vez.
- No puedo recibir comida a través del programa de CSFP (programas de alimentos suplementarios) mientras estoy recibiendo WIC para la misma persona.
- Los alimentos aportados por WIC sólo son para el cliente de WIC.
- Si no cumpla con las reglas del programa de WIC, puedo recibir puntos de sanción. Si acumulo demasiados puntos, pueden terminar mis beneficios de WIC.
- Las normas para la elegibilidad de WIC son las mismas para todos, sin importar raza, color, nacionalidad, edad, discapacidad o género.
- Si siento que he sido discriminado, puedo hacer una queja.
- Si no estoy de acuerdo con alguna decisión acerca de la elegibilidad, puedo pedir una audiencia justa. Lo puedo hacer por correo, verbalmente, o por escrito al programa de WIC. Mi petición se tiene que hacer dentro de 60 días de cuando se me envió o entregó el aviso negando o terminando mis beneficios. Una copia detallada de los procedimientos de la audiencia justa está disponible al pedirla del director del programa local.
- Si no puedo cumplir con mi cita, debo llamar el número de la agencia local que se encuentra en la carpeta de identificación.
- Voy a avisar de los cambios de dirección y/o teléfono en mi próxima cita programada.
- Las mujeres embarazadas presuntamente elegibles que no tienen ningún riesgo de alimentación dentro los primeros 60 días de certificación ya no serán elegibles para el programa y no recibirán beneficios adicionales.
- Soy animada a participar en una evaluación de la salud, las referencias y la educación de alimentación disponible a mí a través del programa.
- Si no cumpla con las reglas para usar mis cheques de WIC, o vendo o regalo mis cheques de WIC o alimentos, se me puede pedir que pague el valor de los alimentos recibidos al programa de WIC.
- Mi firma en este formulario permite que el personal de Cupones para Alimentos y el Programa Nutritivo para Cupones de Alimentos, Medicaid, Perinatal, Unidad de Salud de Niños y Adolescentes, Evaluación de Recién Nacidos, CSFP, y programas de inmunizaciones para ver la información para propósitos de alcance comunitario, referencia y elegibilidad. No pueden compartir la información con una tercera parte.
- Intencionalmente dar información falsa o intencionalmente falsear, ocultar, o detener hechos puede resultar en pagar a la agencia del estado, en efectivo, el valor de los beneficios de alimentos indebidamente emitidos a mí y pueden sujetarme a persecución civil o criminal bajo las leyes estatales o federales.

He sido aconsejado y he recibido una copia de mis derechos y responsabilidades bajo el programa de WIC. Certifico que la información que he proporcionado para la determinación de elegibilidad está correcta, a lo mejor de mi conocimiento. Esta solicitud se hace para recibir ayuda federal. Los agentes del programa pueden verificar la información que he proporcionado a ellos.

FIRMA	RELACIÓN AL SOLICITANTE (Marque Uno)				Fecha
	Yo	Guardián/ Padre con Custodia	Padre Tutelar	Inscripción por Representante	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

TSUJ 11-08

Parte Secundaria que Toma Responsabilidad – De Niños e Infantes

_____ es el padre/madre o guardián de _____ y tiene las mismas responsabilidades que tengo yo en la clínica de WIC y la tienda.

☐ Rehusado

PARTICIPACIÓN DUAL

Mis iniciales en seguida indican que la persona que se está certificando hoy para WIC no está actualmente recibiendo o no va a recibir beneficios durante el mismo plazo de tiempo:

- Beneficios de WIC de otra clínica de WIC ☐
- Beneficios del Programa de Alimentos Suplementarios (CSFP por sus siglas en inglés).

Mis iniciales indican que entiendo que esto se considera fraude.

Iniciales: Fecha:	Iniciales: Fecha:	Iniciales: Fecha:
Iniciales: Fecha:	Iniciales: Fecha:	Iniciales: Fecha:
Iniciales: Fecha:	Iniciales: Fecha:	Iniciales: Fecha:

REGISTRO ELECTORAL

Si usted no está inscrito para votar donde usted vive ahora, ¿le gustaría solicitar para inscribirse aquí hoy para votar?

<input type="checkbox"/> SÍ <input type="checkbox"/> NO FECHA:	<input type="checkbox"/> SÍ <input type="checkbox"/> NO FECHA:	<input type="checkbox"/> SÍ <input type="checkbox"/> NO FECHA:
<input type="checkbox"/> SÍ <input type="checkbox"/> NO FECHA:	<input type="checkbox"/> SÍ <input type="checkbox"/> NO FECHA:	<input type="checkbox"/> SÍ <input type="checkbox"/> NO FECHA:
<input type="checkbox"/> SÍ <input type="checkbox"/> NO FECHA:	<input type="checkbox"/> SÍ <input type="checkbox"/> NO FECHA:	<input type="checkbox"/> SÍ <input type="checkbox"/> NO FECHA:

Solicitar para inscribirse o rehusar inscribirse para votar no afectará la cantidad de ayuda que le proporcionará WIC.

Si usted cree que alguien ha intervenido con su derecho para inscribirse o para rehusar a inscribirse para registrar para votar, puede hacer una queja con la oficina del: Nebraska Secretary of State, State Capital Building, Lincoln, Nebraska, 68509, (402) 471-2554

De acuerdo con la ley federal y la política del Departamento de Agricultura de los EE.UU, esta institución está prohibida de discriminar en base de raza, color, nacionalidad, género, edad, o discapacidad.

Para hacer una queja de discriminación, escriba al USDA, Director, Office of Civil Rights, 1400 Independence Ave. SW, Washington, DC, 20250-9410, o llame al (800) 795-3272 (voz) o (202) 720-6382 (TTY). USDA es un proveedor y empleador de igualdad de oportunidad.

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